**Northern Norwich Scouts**

**Explorer Scout Young Leaders’ Scheme**

**Registration Form**

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| **Name:** |  |
| **Date of Birth:** |  |
| **Contact - Parent Name:** |  |
| **Contact -Parent Mobile Number:** |  |
| **Parent Email Address:** |  |
| **Home Address** |  |
| **Doctor Name, Surgery Address & Contact Number:** |  |
| **Dietary Requirements:** |  |
| **Medical - please circle - Yes/No**  **If Yes, please give details:** |  |
| **Scout Group & Section:** |  |
| **Current Explorer Unit: (If any)** |  |
| **Parental Consent:** | I…………………………………………………hereby give consent for……………………………………………… to participate in the Young Leaders’ Scheme. I understand that this means the Young Leader will be expected to undertake a leadership role under supervision.  Signed……………………………………… Date……………………. |
|  |  |

Please give completed form to your Section Leader who will forward a copy to the YL Manager.

*This form is used to collect information about the member for participation in the Young Leader Scheme, this is to be used by us in Northern Norwich Scout District to support the member through the Scheme.*

*We will keep the data we capture from this form for 6 months after the member turns 25, or until the member leaves if earlier. We take data privacy seriously. For further detail please see our Data Protection Policy on the District website* [*https://www.northernnorwichscouts.org.uk*](https://www.northernnorwichscouts.org.uk)*.*